

APPENDIX I

2004-05 Prevention Plan

- \$40.00

- \$40,000 was taken “off the top” to conduct a RARE – type needs assessment in the Latino community. The Health Department will lead this work, utilizing a work group of members of the Latino community.
- Sub-populations are listed under each population category IN ORDER OF PRIORITY. Population categories themselves are NOT prioritized, and are listed below in alphabetical order.
- Interventions are NOT listed in priority order.
- HIV Counseling and Testing is a priority intervention across all sub-populations; it is prioritized with the understanding that Public Health will fund this service. Public Health is encouraged to increase alternative testing sites and to work with funded agencies to make C/T available to clients.
- Partner Counseling and Referral Services is a priority intervention for all HIV+ sub-populations; it is prioritized with the understanding that Public Health will fund this service.
- Group-level interventions must be curriculum-based, interactive sessions with a skill-building component, e.g., condom use, communication, and/or negotiation skills.

High-Risk Heterosexual (HRH)
(15% of the available funding pool)

Intervention notes for HRH programs:

- With regard to interventions targeting youths, preference will be given to proposals that use peer educators and structured settings.
- With regard to interventions targeting women and men with, or at highest risk for, STDs, preference will be given to proposals that collaborate with STD clinics.

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
1. Women and men with, or at highest risk for, STDs Youth, Women of Color and sex workers Female partners of males with or at highest risk of HIV	Group-Level Intervention Preference will be given to programs with the following characteristics: <ul style="list-style-type: none"> • Include multiple sessions with follow-up • Offer single-sex groups • Use peer group leaders/facilitators 			
	Individual-Level Intervention			
	Community-Level Intervention			
	HIV Counseling and Testing	X		

High-Risk Heterosexual (cont.)
(15% of the available funding pool)

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
2. Foreign-born Blacks	Street and Community Outreach			
	Individual-Level Intervention			
	HIV Counseling and Testing	X		
3. HIV+ women and men and their sexual and needle-sharing Partners Women of Color	Group-Level Intervention Preference will be given to programs with the following characteristics: <ul style="list-style-type: none"> • Include multiple sessions with follow-up • Offer single-sex groups • Use peer group leaders/facilitators 			
	Individual-Level Intervention			
	Prevention Case Management			
	Partner Counseling and Referral Services	X		
	HIV Counseling and Testing	X		

Injection Drug Users (IDU)
(14% of the available funding pool)

Caveat for IDU programs:

- All interventions must address sexual risk reduction as well as needle-sharing behavior.

Intervention notes for IDU programs:

- Needle Exchange is a priority intervention, but should be funded through internal Omnibus funds.
- While drug treatment is one of the most effective interventions for IDUs, prevention funding cannot meet the overall need. The Planning Group recommends that some funding for methadone treatment come from this source, but other funding sources, especially within the substance use system, should increase funding for methadone treatment.

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
1. Homeless Especially focusing on Latinos and American Indian and Alaska Native females Especially Downtown Seattle area focusing on people dealing with mental illness and legal issues.	Needle Exchange	X		
	Street and Community Outreach (must be peer driven)			
	Group-Level Intervention Preference will be given to programs that collaborate with drug treatment programs and/or correctional facilities for the provision of the intervention.			
	HIV Counseling and Testing	X		
	Methadone Treatment			
	Prevention Case Management			

Injection Drug Users (cont.)

(14% of the available funding pool)

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
2. Youth and new injectors Especially Homeless and Meth users	Needle Exchange	X		
	Street and Community Outreach (must be peer driven)			
	HIV Counseling and Testing	X		
	Group-Level Intervention			
	Methadone Treatment			
3. Latinos Especially undocumented immigrants	Needle Exchange	X		
	Street and Community Outreach (must be peer driven)			
	HIV Counseling and Testing	X		
	Group-Level Intervention			
	Methadone Treatment			

Injection Drug Users (cont.)

(14% of the available funding pool)

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
4. Men and women engaged in street work (sex work) including survival sex	Needle Exchange	X		
	Street and Community Outreach (must be peer driven)			
	HIV Counseling and Testing	X		
	Group-Level Intervention Preference will be given to programs that collaborate with drug treatment programs and/or correctional facilities for the provision of the intervention. Preference will also be given to programs that provide a component dealing with physical, sexual and emotional abuse.			
	Methadone Treatment			

Men who have Sex with Men (MSM)
(66% of the available funding pool)

Caveats for MSM programs:

- All programs must target men having unprotected anal and/or unprotected vaginal sex.
- All individual level interventions must address issues of substance use in connection to sexual risk.
- Public Health must ensure that at least one proposal in each category is funded.
- Public Health has the discretion to reduce budgets of all proposals submitted if necessary to assure a balanced continuum of services.
- Public Health will entertain proposals submitted targeting sub-sub-populations of 1-6

Intervention notes for MSM programs:

- Needle Exchange is a priority intervention, but should be funded through internal Omnibus funds.
- Drug treatment must be provided by licensed drug treatment facility. Also, drug treatment programs must include a substantial focus on sexual risk reduction.
- While substance use treatment is acknowledged to be an effective intervention, prevention funds cannot fully meet the need. The committee feels that other resources, especially the substance use treatment system, increase funds to meet this need. No more than 5% of available MSM funds can be allocated to substance use treatment.

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
1. HIV-positive Targeting individuals at highest risk of transmitting HIV and the groups with the largest numbers of HIV+. Especially public, commercial and anonymous sex venues.	Prevention Case Management			
	Group-Level Intervention			
	Partner Counseling and Referral Services	X		
	HIV Counseling and Testing	X		
	Individual-Level Intervention			
	Mass Media or Social Marketing			

Men who have Sex with Men (cont.)
(66% of the available funding pool)

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
2. HIV-negative men and men who don't know their serostatus, Targeting individuals at highest risk of contracting HIV and groups with the largest incidence of HIV. Especially public, commercial and anonymous sex venues, drug mediated sex & youth..	Community-Level Intervention			
	Drug Treatment			
	Group-Level Intervention			
	Street and Community Outreach (may include outreach into existing Internet chat rooms)			
	Mass Media			
	Individual-Level Intervention			
	HIV Counseling and Testing	X		

Men who have Sex with Men (cont.)
(66% of the available funding pool)

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
3. Meth Injectors <i>Note: peer involvement is essential for all MSM-IDU interventions</i>	Needle Exchange	X		
	Community-Level Intervention			
	HIV Counseling and Testing	X		
	Individual-Level Intervention			
	Other media			
	Street and Community Outreach			
	Drug Treatment			
4. Non gay-identified Black men	Street and Community Outreach			
	Group-Level Intervention			
5. Gay-identified Black men	Community-Level Intervention			
6. Gay-identified and non-gay identified Latinos	HIV Counseling and Testing	X		
	Other media			
	Individual-Level Intervention			

Transgender
(5% of the available funding pool)

Priority Subpopulations	Priority Interventions	Met Need	Partially Met Need	Unmet Need
Male-to-Female (MTF) Primarily focused on African-Americans and Latinos Sex workers and Survival Sex	In the absence of literature on the <i>effectiveness</i> of interventions for this population, the Planning Group recommends any funded program adhere to the following principles for providing culturally competent services: <ul style="list-style-type: none"> • Hire transgendered persons to develop and implement transgender-specific programs. • Develop transgender-specific educational materials. • Use peer outreach. • Provide a dedicated space where transgendered people can talk about the complex issues and problems they face. • Train existing providers in transgender sensitivity and standards of care. Principles adapted from Clements K, Wilkinson W, Kitano K, Marx R (1999) HIV Prevention and Health Service Needs of the Transgender Community in San Francisco. <i>International Journal of Transgenderism</i> 3, 1+2.			
	HIV Counseling and Testing	X		